



# Clutha District Council

## STAFF TRAINING RECORD

This form is to be used to record completed food safety training in elements of the Food Control Plan

Name:	Telephone:
Position:	Start Date:
Address:	

<i>Topic</i>	<i>Relevant</i>	<i>Employee's signature</i>	<i>Supervisor Signature</i>	<i>Date completed</i>
<b>ESSENTIAL TRAINING</b>				
Health & Sickness				
Hand Hygiene				
Personal Hygiene				
Cleaning and Sanitising				
Food Allergens				
Potentially hazardous [high risk] foods				
<b>TRAINING AS NEEDED</b>				
Document control				
Waste Disposal				
Pest Control				
Maintenance				
Customer complaints & recalls				
Checking temperatures				
Purchasing and receiving				
Storage				
Chilled/Frozen food				
Defrosting frozen food				
Food Preparation				
Cooking food				
Hot holding prepared food				
Cooling hot prepared food				
Reheating prepared food				
Transporting food				
Display & self-service				